

THE CITY OF DALLAS, GEORGIA
ALCOHOL BEVERAGE LICENSE(S) APPLICATION

CONSENT FORM

I HEREBY AUTHORIZE THE CITY OF DALLAS, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

- ☐ INDIVIDUAL OWNER ☐ PRINCIPAL STOCKHOLDER/MEMBER ☐ MANAGER
☐ PARTNER

FULL NAME PRINTED _____
ADDRESS _____
CITY, STATE & ZIP _____
MAIDEN NAME OR PREVIOUSLY USED NAMES _____

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

SIGNATURE

DATE

NOTARY _____

DATE _____

***NOTE**

DESIGNATED AGENT, INDIVIDUAL OWNER, ALL PARTNERS, PRINCIPAL STOCKHOLDER/MEMBER, AND ALL MANAGERS MUST COMPLETE THIS FORM. PLEASE REFER TO SECTION "PERSONS WITH PRIOR CONVICTIONS".